

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES COMMUNITY FOOD AND NUTRITION ASSISTANCE SUMMER FOOD SERVICE PROGRAM (SFSP)

SITE INFORMATION SHEET – RESIDENTIAL CAMPS (Please TYPE or PRINT clearly)

Name of Sponsor	5. Did this site operate the SFSP at this location last year? ☐ Yes ☐ No					
2. Name and Address of Camp Site	6. Location of Camp: ☐ Rural ☐ Urban Areas considered "urban" include Kansas City, St. Louis, Columbia, Springfield, Joplin, and St. Joseph. All others are considered "rural."					
	7. Location where meals will be prepared:					
3. Name of contact person at this site:	 □ At food service site □ At central kitchen □ At vendor kitchen (circle one below) School Food Authority Food Service Management Company 					
4. Telephone number:	Note: for vended sites, be sure a copy of the School Food Authority or Food Service Management Company contract included with your application. For more information, see a Sponsor Application, page 2, item 21.					

8. MEAL SERVICE SCHEDULE

In the table below, please indicate the meals you will be serving for each session, along with the other requested information. Eligible children include those who qualify for free or reduced price school meals, as documented by current, signed Income Eligibility forms kept on file at the Sponsor's office. It may be necessary to estimate the number of eligible children at the time of application. If over the course of the summer, the meals or meal service times change, or if the actual number of children served exceeds the estimate, please notify our office by using the Site Change Form.

Note: You may choose a combination of three meals, two meals and one snack, or one meal and two snacks per day. If you will be serving different meals on different days of the week, please note in the table below (attach additional sheets as necessary). There must be **at least** 3 hours between the beginning of one meal or snack service and the beginning of the next. Breakfast and snacks are limited to one hour from start to finish. All other meals are limited to two hours from start to finish.

Session Begin Date	Session End Date	Total Days	Total Number of Children Enrolled	Number of Children Eligible	MEAL TIMES							
					BREAKFAST		LUNCH		SUPPER		SNACK	
					BEGIN	END	BEGIN	END	BEGIN	END	BEGIN	END

What is the seating capacity of the site?	How many staff will be assigned to this site?						
Note : This is the number of children who can eat at the site during one meal shift.							
Questions 11 through 15 are for NEW camp sites ONLY							
11. Describe the system used to serve meals to the children.							
12. Describe the means of communication that will be used to adjust meal counts.							
13. If excess meals are delivered or prepared, describe the arrangements for handling excess meals.							
14. Are there provisions for holding meals until the time of meal service? Describe.							
15. Program regulations require that the sponsor conduct a pre-approval visit to the site before the Missouri Department of Health and Senior Services approves the site. Has the sponsor conducted a pre-approval visit to this site? ☐ Yes ☐ No							
I certify that the site has the capabilities and facilities to provide the meal service planned for the number of children to be served, and that the information on this form is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of federal funds, and that withholding information or deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.							
Signature of Authorized Sponsor Representative	Title	Date					
Signature of MDHSS Representative (MDHSS use only)	Title	Date					